

APPLICATION COMPLETION CHECKLIST

County:	Applicant Agency Name:
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Before submitting the application package to the California Department of Education, review the following list to be sure it is collated in the correct order. Indicate "completeness" by placing a ✓ mark in the space provided. Attach **ONE** copy of this Checklist to each application package.

COLLATE THE APPLICATION IN THE FOLLOWING ORDER:

- _____ Application Cover sheet (*Form B*) signed by the authorized agency representative and one copy has an original signature.
- _____ Approved Board Policy or Resolution consistent with statute
- _____ Program Implementation Change Narrative (if applicable)
- _____ Program Goals and Measurable Objectives Completed in FY 2000-01
- _____ Amended/New Program Goals and Measurable Objectives for FY 2001-02 (*Form C*)
- _____ Organization Chart for Applicant Agency
- _____ Cal-SAFE Program Roster (*Form D*)
- _____ Cal-SAFE Site Information (*Form E*)
- _____ Child Care and Development Site Personnel Roster (*Form F*)
- _____ Child Care Operation Calendar (*Form H*)
- _____ Budget Summary, Budget Narrative, and Service Contract Summary (*Form I*)
 - Student Support Services
 - Child Care and Development Services
 - Non-converting COE (EC § 2551.3)
- NOTE: Worksheets for projecting service level and estimating earnings for FY 2001-02 may be included here (*Attachment D and E*). They are not required.
- _____ Drug-Free Workplace Certification (if required) (*Form J*)
- _____ Nondiscrimination Compliance Statement (if required) (*Form K*)
- _____ Certification and Assurances (*Form L*)
- _____ Child Development Personnel Certification (*Form M*)
- _____ Child Care and Development Staffing Qualifications Waiver Requests (if required) (*Form G*)

I have reviewed the application and it meets the criteria in the "Application Submission Requirements" in the Application Overview and is collated in the order listed above with all pages consecutively numbered.

Type or Print Name of Person Completing Checklist

Signature of Person Completing Checklist

(_____)_____
Telephone Number

FORM B

**CONTINUED FUNDING APPLICATION FOR FISCAL YEAR (FY) 2001-02
COVER SHEET**

Please check one of the following conditions of agency eligibility to operate a Cal-SAFE Program.

- ☐ Our Local Education Agency (LEA) directly receives Cal-SAFE Program funding for FY 2000-01. **If applicable**, our LEA agrees to continue implementation of this program and act as lead agency for any partnering LEA during FY 2001-02 with funds provided by the California Department of Education (CDE).
- ☐ Our LEA receives Cal-SAFE Program funding for FY 2000-01 through a contract with another LEA. Both LEAs agree to reconfigure the administrative implementation of the Cal-SAFE Program in FY 2001-02 so that the LEA named in this application will receive funds provided by CDE for the Cal-SAFE Program. *We understand that this reconfiguration will be approved by the CDE only if the signature of the authorized agent of the school district or county office of education which was the lead agency for our LEA for the Cal-SAFE Program in FY 2000-01 is obtained.*

The named LEA in this application implemented a Cal-SAFE Program in partnership with and received funding through the FY 2000-2001 application of _____.

(Name of lead agency in FY 2000-2001 for applicant LEA)

We agree that beginning July 1, 2001, the partnering LEA named as the applicant in this application will directly operate the Cal-SAFE Program.

Signature of Authorized Representative: _____

Title: _____

Date: _____

Applicant Agency's County and District Code

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Local Education Agency		County	
Superintendent/Executive Officer		Telephone ()	Fax ()
Mailing Address	City	ZIP	E-Mail
CERTIFICATION: I certify as the authorized agency representative, that all applicable state and federal statutes and regulations will be observed. I also certify that all completed forms accurately describe program operations.			
SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE		DATE	
Name and Title of Authorized Agent (Please print.)		Telephone ()	Email

Contact Person for this Application		Telephone ()	Fax ()
Mailing Address	City	ZIP	Email
SUMMER CONTACT INFORMATION (if different from above)			
Telephone: ()		Fax: ()	Email

GOALS, OBJECTIVES, ACTIVITIES, AND TIMELINE
CONTINUED FUNDING APPLICATION

FY 2001-2002

DIRECTIONS: Use this form to describe all *amended* (as stated in Form B of the FY 2000-01 application) and/or *new* goals, measurable objective(s), and key activities designed to meet each goal/objective(s) for your FY 2001-02 application. List related activities, timeline, and position/person responsible for implementing activities for the 12-month school year *by program site*. Include sufficient detail to allow the application readers to confirm that the program goals, objectives, and activities are well planned, are realistic, and can be completed by the end of the year. *If two or more LEAs are applying jointly, a separate Form C must be completed for each LEA.* A sample form is included in this application for reference (Attachment C). Duplicate this form as necessary.

Applicant Agency: _____

Goal:

Measurable Objective(s):

Program Site	Key Activities to Meet Objective(s)	Timeline	Position/Person Responsible	Date completed (for future use)

GOALS, OBJECTIVES, ACTIVITIES, AND TIMELINE

Applicant Agency: _____

Goal:				
Measurable Objective(s):				
Program Site	Key Activities to Meet Objective(s)	Timeline	Position/Person Responsible	Date completed (for future use)

FORM D

CAL-SAFE PROGRAM FY 2001-02 PROGRAM ROSTER

Applicant Agency: _____

COUNTY: _____

Directions: Provide information as requested for the Cal-SAFE Program staff. As an individual's title designated by the LEA may differ from that below, complete the sections based upon the responsibility listed. Smaller applicant LEAs may have one individual performing responsibilities that are shared by several individuals in larger applicant LEAs. **List only one person as Program Coordinator.** If there are co-directors for the Cal-SAFE Program, designate one as the Program Coordinator and one as the Program Leader. If there are additional levels of responsibility in the applicant LEA, contact the CDE Cal-SAFE Program consultant for the applicant agency (Attachment A) for assistance.

Program Coordinator/Contact: Person has primary responsibility for the Cal-SAFE Program in the applicant LEA and who is the contact person for the program.

Name:	Title:
Mailing Address:	City: ZIP:
Telephone: ()	FAX: ()
Email:	

Program Leader: Person is directly responsible for implementing the Cal-SAFE Program.

☐ Check if same person performs both Program Leader and Program Coordinator responsibilities and leave this section blank.

Name:	Title:
Mailing Address:	City: ZIP:
Telephone: ()	FAX: ()
Email:	

Child Care Program Director: Person has administrative/programmatic responsibility for the Cal-SAFE Program child care component and qualifies for the Child Care Program Director Permit. *(Required if agency operates two or more child care sites including family child care home network.)*

Name:	Title:
Mailing Address:	City: ZIP:
Telephone: ()	FAX: ()
Email:	

FORM E

**CAL-SAFE PROGRAM
FY 2001-02 SITE INFORMATION**

APPLICANT AGENCY: _____

SITE NAME: _____

Directions:

This form provides information specific to each site serving students and children in the Cal-SAFE Program. ***Duplicate and complete a separate form for EACH site for information relevant for that location.*** If the LEA will operate a family child care home network, enter the projected total enrollment of Cal-SAFE Program subsidized children by number of infants*, toddlers*, and preschoolers*. It is not necessary to list each family child care home as a separate site.

Example #1: Cal-SAFE Program students in Big Creek District enroll in one of three schools (regular high school, continuation education school, and community day school). Their children are enrolled at the child care center located on the continuation education school site. Big Creek District would complete the "Site Leader" information for all three schools AND the "Child Care Site Supervisor" information for only the continuation education school.

Example #2: Cal-SAFE Program students in Little Creek District are enrolled in either the regular high school or the alternative school located next door. There is an insufficient number of children enrolled in the Cal-SAFE Program to support operating a separate child care site on the school site. Cal-SAFE Program children enroll in a community childcare center located one block from the high schools. Little Creek District would complete the "Site Leader" information for both high schools and complete a separate form with "Child Care Site Supervisor" for the community child care center.

SITE LEADER (Person has primarily responsibility for implementation of the Cal-SAFE Program on this site.) <input type="checkbox"/> Check if same person performs both Site Leader and Child Care Site Supervisor responsibilities and complete only type of school enrollment and instructional strategies in this section.	CHILD CARE SITE SUPERVISOR (Person has operational responsibility for the Cal-SAFE Program child care component and qualifies for a Child Care Site Supervisor Permit)
Name/Title:	Name/Title:
Mailing Address:	Mailing Address:
City/ZIP:	City/ZIP:
Telephone: ()	Telephone: ()
FAX: ()	FAX: ()
Email:	Email:
Type of School Enrollment for Cal-SAFE Program students at SITE : (check ALL applicable) ___ Middle/Jr. High School ___ Community School ___ Regular High School ___ Court School ___ Continuation Education School ___ ROC/P ___ Alternative School ___ COE Cal-SAFE ___ Adult Education self-contained class ___ Community Day School OTHER: (specify): ___ Charter School _____ ___ Home/Hospital Program	Hours Open: Licensed Capacity: (if exempt from licensing, use Fire Regulations capacity) Projected enrollment of Cal-SAFE Program subsidized children enrolled by age group ___ Infants* ___ Toddlers* ___ Pre-Schoolers* Projected enrollment of non-Cal-SAFE Program children enrolled by age group ___ Infants* ___ Toddlers* ___ Pre-Schoolers*
Type of instructional strategies for Cal-SAFE Program students at SITE: (check ALL applicable) ___ Mainstream Program ___ Self-contained classroom ___ Independent Study ___ OTHER: (specify)	* AGE OF CHILDREN ENROLLED: Infants: 0-18 months Toddlers: 18-36 months Pre-Schoolers: 3-5 years

[illegible]

INSTRUCTIONS FOR COMPLETING THE CHILD CARE AND DEVELOPMENT SITE PERSONNEL ROSTER

- Column A: Enter a classroom number or the room/area designation.
- Column B: Enter the following code(s) to identify the age group(s) served in the classroom or area designation:
I - Infant (0-18 months)
T - Toddler (19-36 months)
P - Preschool (37 months to K)
- Column C: Enter number of children in attendance on a typical day.
- Column D: Enter the names of the Program Director, Site Supervisor, and all Teachers, Assistants, and Aides employed at the child care site. **NOTE:** Program Director only required if there are two or more child care sites.
- Column E: Enter the title for each individual in Column D. Use title designations as stipulated in the instructions for Column D. **Do not use agency - developed designations** (e.g. Teacher, not Head Teacher or Classroom Coordinator.)
- Column F: Enter the following code(s) to identify the type of permit or credential issued: enter the permit or credential number and the expiration date.

Program Director

- A - California Child Development Program Director Permit
- B - California Children's Center Supervision Permit
- C - California Administrative Services Credential
- D - A current credential issued by the California Commission on Teacher Credentialing authorizing teaching service in elementary school or a single credential in home economics, and six units in administration/supervision of Early Childhood Education/Child Development (ECE/CD), (not required for a person who was employed as a program director prior to January 1, 1993 in a child care and development program receiving funding by the Child Development Division/CDE) and 12 units of ECE/CD or at least two years' experience in an ECE/CD program.
- E - Severely Handicapped (GHAN) Program: requirements pursuant to EC § 8360.3
- F - Temporary County Certificate issued by the county office of education authorizing service as a program director.
- G - A current waiver issued by the CDE authorizing service as a program director.

Site Supervisor

- B - Children's Center Supervision Permit
- C - Administrative Services Credential
- H - Child Development Site Supervisor Permit
- D - A current credential issued by the Commission on Teacher Credentialing authorizing teaching service in elementary school or a single subject credential in home economics, and six units in administration/supervision of ECE/CD (not required for any person who was employed as a Program Director prior to January 1, 1993 in a child care and development program receiving funding by the CDD) and 12 units of ECE/CD or at least two years' experience in an ECE/CD program.

Form F (Page 3 of 3)

- F - Extended Day Care Programs: requirements pursuant to California Code of Regulations, Title 5, Section 18203.
- J - Temporary County Certificate issued by the county office of education authorizing service as a Site Supervisor.
- K - A current waiver issued by the CDE authorizing service as a Site Supervisor.

Teacher

- L - Regular Children's Center Instructional Permit
- M - Limited Children's Center Instructional Permit
- N - Emergency Children's Center Instructional Permit
- O - Child Development Master Permit
- P - Child Development Permit
- Q - Child Development Associate Teacher Permit (NOTE: This permit authorizes the holder to supervise only Assistants, not Aides.)
- R - A current credential issued by the Commission on Teacher Credentialing authorizing teaching service in elementary school or a single subject credential in home economics, and 12 units in ECE and/or CD or two years' experience in early childhood education or a child care and development program.
- T - Temporary County Certificate issued by the county office of education authorizing service as a Child Development Teacher.
- U - Temporary County Certificate issued by the county office of education authorizing service as a Child Development Associate Teacher. NOTE: This TCC authorizes the holder to supervise only Assistants, not Aides.

Column G: Complete only for Assistants. NOTE: Child Development Associate Teachers can only supervise Assistants who hold at least six semester units in ECE/CD.

Column H: Complete only for Teachers. NOTE: Child Development Teachers are required to have at least three semester units, or the equivalent number of quarter units, of coursework related to the care of infants and toddlers. (EC § 54746 (c)(6))

Column I: Complete only if explanation is necessary. You may also attach a separate sheet of paper if additional space is required.

FORM G

CHILD CARE AND DEVELOPMENT STAFFING QUALIFICATIONS WAIVER REQUEST

SECTION 1 - APPLICANT INFORMATION			
Name		New request <input type="checkbox"/> Extension <input type="checkbox"/> (Complete only Sections 1, 4, and 7)	
Address		Applicant Agency	
City, State, ZIP		Cal-SAFE Program Coordinator	
Position held: Site Supervisor <input type="checkbox"/> Program Director <input type="checkbox"/>		Telephone ()	
SECTION 2 - EDUCATION (Submit transcripts for all college units earned.)		SECTION 3 - PERMITS/CREDENTIALS (Submit copies.)	
High school graduate or equivalent: Yes <input type="checkbox"/> No <input type="checkbox"/> College degree(s): Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> Total units completed: _____ Field of study: _____		Children's Center Permit: Emergency <input type="checkbox"/> Limited <input type="checkbox"/> Regular <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Expiration: ____/____ (Month/Year) Credential: Teaching <input type="checkbox"/> Administrative Services <input type="checkbox"/> Type: _____ Expiration: _____ Other(Specify): _____	
SECTION 4 - EARLY CHILDHOOD EDUCATION/CHILD DEVELOPMENT			
Identify by title from your transcripts the course that meets each of these requirements to qualify for this waiver.			
Required ECE/CD courses	Course Title	Units	What is the total number of ECE/CD units earned to date? <div style="border: 1px solid black; width: 80px; height: 30px; margin: 10px auto;"></div> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Both <input type="checkbox"/>
Child growth and development OR Human growth and development			
Child and family OR Child, family, and community			
Child care program OR Curriculum development			
Child care administration/ Supervision OR Staff relations			
SECTION 5 - EDUCATION PLAN (Attach a narrative)			
Describe your educational goal, specify number of units of ECE/CD to be completed, and the projected permit application date.			
SECTION 6 – ECE/CD UNITS			
ECE/CD units remaining: _____		Permit application date: ____/____ (Month/Year)	
SECTION 7 - CHILD CARE EXPERIENCE			
Identify the number of months and/or days in which you have three or more hours teaching in a child care center or group care program?		Months	Days
How many days include the supervision of staff?			
Program director applicant only , identify number of days you have served as a site supervisor?			
SECTION 8 - COMPELLING NEED (Attach a narrative description.)			
Site supervisor waiver is limited to either evidence of: an unsuccessful recruitment effort; contractor's salaries are not competitive; or availability of reasonable access to training resources which offer the required course work. A program director waiver request must meet one of these criteria: demonstrate satisfactory educational progress in obtaining the permit; employment location prohibits completion of permit requirements; or a diligent recruitment effort failed to yield a qualified candidate.			
Applicant's signature _____ Date _____			

CAL-SAFE PROGRAM CHILD CARE OPERATION CALENDAR

DIRECTIONS: Use this calendar to indicate the days of operation for Cal-SAFE Program child care. Place an "X" on every day your program will operate during the regular school year. *Circle* every day your program will operate during summer school or extended year.

NAME OF APPLICANT AGENCY		
Site Name:	Hours of Operation	Highest Number of Children That Will Be Served at Any One Time (Child Care Capacity)
180 Day School Year	From To	
Summer School or Extended Year	From To	

FIRST QUARTER

JULY 2001

SU	M	T	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Days of Operation: _____

AUGUST 2001

SU	M	T	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Days of Operation: _____

SEPTEMBER 2001

SU	M	T	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Days of Operation: _____ SubTotal: _____

SECOND QUARTER

OCTOBER 2001

SU	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Days of Operation: _____

NOVEMBER 2001

SU	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Days of Operation: _____

DECEMBER 2001

SU	M	T	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Days of Operation: _____ SubTotal: _____

THIRD QUARTER

JANUARY 2002

SU	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Days of Operation: _____

FEBRUARY 2002

SU	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

Days of Operation: _____

MARCH 2002

SU	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Days of Operation: _____ SubTotal: _____

FOURTH QUARTER

APRIL 2002

SU	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Days of Operation: _____

MAY 2002

SU	M	T	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Days of Operation: _____

JUNE 2002

SU	M	T	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Days of Operation: _____ SubTotal: _____

